DEPARTMENT OF THE ARMY
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REPLY TO
ATTENTION OF

DASG-IMD   13 January 2005

AHLTA SOP #7
MEDCIN (AIMS) Forms

1. PURPOSE: To define the process for creation, distribution, and enhancement of AIMS forms while ensuring that only current forms are available.

2. REFERENCE:

3. SCOPE: This SOP applies to all AMEDD MTFs and AHLTA users.

4. DEFINITIONS:

   A. Templates – Basic AHLTA encounter documentation method
   B. Forms – Graphic user interface to facilitate data input
   C. Folders (within AHLTA) – the common location, either at the MTF or enterprise level, for forms and templates
   D. Enterprise folder manager – an individual with permission to add items to or remove items from the enterprise folder
   E. MTF folder manager – an individual with permission to add items to or remove items from the local MTF folder
   F. "All-MTF" folder manager – a single individual with permission to add items to or remove items from folders of all MTFs

5. BACKGROUND: MEDCIN forms are a graphic representation of the MEDCIN template and its "tree" of related terms. Some advantages of the MEDCIN form are that items in the tree can be rearranged, and the graphic interface is easier to use and populate. MEDCIN forms cannot be modified by individual users, although a built-in process is present to recommend changes. A tri-Service collaborative effort is underway to ensure that the quality of the forms is maintained, the number of forms remains controlled, and to work toward a tri-Service agreement on form control.

6. Form creation: The initial draft form is created by combining

   A. Prior template
   B. Overprints (paper)
   C. Review of CPG or best practices
   D. Discussion with targeted users and beta tests by users at a minimum of 2 sites using the CTS to test emitted text and content breadth.
   E. Note: These forms are labeled "Draft—Xxxxx—AMEDD" with the version number (i.e. v1). They will be posted for use only after business process review and quality

assurance review are completed. They will then be loaded to the enterprise folder and made generally available.

7. Forms in use will be improved by user feedback and validated by specialists in the target end-user field. The forms will be relabeled using the standard naming convention noted below, and the first page of the form will contain the statement "AMEDD AHLTA SME Reviewed (Date)

8. Forms that have been reviewed by the AMEDD consultant in the specialty of the targeted end-user field will be be named according to the standard naming convention and the first page of the form will contain the statement "AMEDD OTSG Consultant Reviewed (date)."

9.   Forms that have passed tri-Service consultant review, QA, and business process review will be labeled TRISERVICE Consultant Reviewed (date).

10. Naming convention:
    PEDS--WELLCHILD—AMEDD—v1
    (Targeted user group - diagram or purpose of form - creating Service - version)

11. All forms will be reviewed by AMEDD AHLTA Program Office before posting for use in AHLTA. This is to ensure quality and consistency.

12. The AMEDD will request three enterprise-wide Folder Administrator Roles and ALL MTF Folder Administrator Roles.

13. The AMEDD will further request:

    A. AIMS forms will only be loaded by individuals with enterprise-wide privileges
    B. AIMS forms will only be loaded in Enterprise- and MTF-level folders within AHLTA. Users at the MTF can create links to the forms by adding them to their favorites list. This will insure that an update to the form is available to all. (Do not save them to the clinic, as this creates a separate copy of the form that will not be automatically updated when the Enterprise and MTF updates are made.)

14. Proponent for this SOP is the Program Office Director at Commercial 706-787-7165 or DSN 773-7165.

<div style="margin-left: 40%;">

RON MOODY, M.D.
Program Director
AMEDD AHLTA Implementation and Clinical
   Integration Office

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Guideline for Building AMEDD AIM Forms
18 Jan 2005

1. General

    A. Each form will have a minimum of 4 tabs:

        1) HPI with past medical and family history
        2) review of systems (ROS)
        3) physical exams (PE)
        4) a help tab

    B. Each of these sections will generally only be one tab long. The most common information that needs to be captured in a structured format should be included with adequate free text locations for other information. The specificity of the structured text being used, as well as the amount, will be improved by user feedback and AIM form enhancements.

    C. Additional tabs may be added to cover special examinations (i.e. Well Woman), educational needs (childhood anticipatory guidance), or procedures (i.e. PFT).

    D. Each specialty area will have an overarcing template build with the individual tabs being specific to their normal outpatient clinical care.

    E. Clinical practice guidelines (CPG) will have individual AIM forms built for them that should include

        1) The same tab structure

        2) Clinical decision support to include written reminders that do not print, highlighted exam areas, and as possible mandatory fields.

        3) Back up documentation to the portion of the CPG that supports the decision support.

    F. All terms will include

        1) "Mouseover" – this causes the cursor to change to a question marks so that a right mouse clicks will open a drop down browse window. This is active by default.

        2) A browse button – This button allows the user to open a drop-down browse button with a left mouse click. This button may be removed to save space for terms that have no "child" terms below it. The indication of this is that the button is "greyed-out" when viewed in the Toolkit.

3) A note component. Which type of text box is used will depend on purpose and space available. For header terms, such as "Pulmonary Symptoms," a one-line-deep text box may be used. If space is limited, an inline text box may be used instead. As a final resort, a plain button may be used, but every term should have one of these note components attached.

4) On the HPI and ROS tabs, all terms will have both a True and False "Checkbox Only." Some terms lend themselves to only having a True checkbox; this will vary by subspecialty. The Property Page will allow you to specify Checkbox Only, as well as customize the captions as T and F.

5) On the PE tab, header terms for systems will NOT have a T or F button attached.

6) On all forms, the detail button will be deactivated as this function is not fully operational and can result in the emission of awkward text.

7) In general, the order of components is as follows, when applicable. The order may be changed by checking "Customized Sequence" on the Property Page.

   a. Yes and/or No component
   b. Caption
   c. Value Entry Textbox/Onset Entry Box/Timing Button, etc
   d. Browse Component
   e. Note Component
   f. HPI-ROS Button

G. Specific – In addition to the sample form attached, each section will contain the following:

1) HPI/PMFSH

   a. Will contain the post deployment question
   b. Structured text boxes for at least the 6 most common reasons for a visit.
   c. Subspecialties will have a tab indicating that this is a consult visit.
   d. Two free-text boxes labeled for additional complaints.
   e. T/F questions denoting review of autocited information concerning past medical history, past surgical history, and current medications.

2) ROS

   a. All organ systems will be present at least with a header.
   b. Specialty or situation-specific terms will be included to facilitate the rapid entry of structured text. If terms are not readily available the user may check the T/F button and enter free text.
   c. ROS button to allow the conversion of the term to an HPI item.

d. An advisory not to use the ROS/HPI toggle button unless the provider is
    sure this is necessary.

3) PE

    a. "Vitals sign reviewed" box and a box indicating that the pain scale was
    reviewed.
    b. All Systems present for quick reference with structured questions as
    appropriate to the specialty.

4) Help

    a. The standard Help tab is sufficient for all forms, but you must ensure that
    the email reference is present. To do this, while in the Forms Designer, click
    on te Add or Edit References button to the right of the Medcin button on the
    toolbar. If the Doctor doument link isn't an email address, you must click the
    Add Reference button (between the References and Check Form Eval Logic
    buttons), filling in the following:

        (1) Description: Medcin Help
        (2) Logic: #10
        (3) Doctor document link: mailto:medcinformshelp@verizon.net
        (4) Patient document link: Patient reference

    b. This will ensure that the feedback link works as designed.

5) Other Tabs

    a. Will be clearly labeled as to their intent
    b. Will contain the maximum number of structured elements that are practical
    c. Common outpatient procedure tabs will be included as appropriate with
    the overarching form